

# Business-Matched Sponsorship Application



## Sponsor Details

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Students Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Postsecondary Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Field of Study (Program): \_\_\_\_\_

Program Start Date: \_\_\_/\_\_\_/20\_\_\_ Anticipated Date of Completion: \_\_\_/\_\_\_/20\_\_\_

## Funding Request

Business Contribution: \$ \_\_\_\_\_

OEI Contribution: \$ \_\_\_\_\_ *(must have a 1:1 match, with a funding cap of \$2,500 per student)*

Total Sponsorship: \$ \_\_\_\_\_

## Sponsorship Approval

Sponsor's Name & Title (Print) \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

*By signing this form, sponsor is acknowledging that they have read the eligibility requirements and the sponsor agrees to comply with the terms of the agreement.*

Date of Application: \_\_\_/\_\_\_/20\_\_\_